

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)

**A. Harry Papp**

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code  
Phoenix AZ 85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Blue Cross Blue Shield of Ariz

Occupation

Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 02 / 2015

Transaction ID : SA11AI.13928

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Harry Papp**

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code  
Phoenix AZ 85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Blue Cross Blue Shield of Ariz

Occupation

Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 13 / 2015

Transaction ID : SA11AI.14461

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Deanna Salazar**

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code  
Phoenix AZ 85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Blue Cross Blue Shield of Ariz

Occupation

Sr. VP - General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2015

Transaction ID : SA11AI.14337

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

640.00